ACTION BRIEF:

§ 483.71 Facility Assessment

Nursing Facilities must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations (including nights and weekends) and emergencies. The facility must review and update the assessment, as necessary, and at least annually. The facility must also review and update the assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of the assessment.

Federal Requirements

(a) The facility assessment must address or include the following:

a. The facility's resident population including, but not limited to:
   i. Both the number of residents and the facility's resident capacity;
   ii. The care required by the resident population, using evidence-based, data-driven methods that consider the types of diseases, conditions, physical and behavioral needs, cognitive disabilities, overall acuity, and any other pertinent facts that are present within that population, consistent with and informed by individual resident assessments as required under §483.20;
   iii. The staff competencies and skill set that are necessary to provide the level and types of care needed for the resident population;
   iv. The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and
   v. Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.

b. The facility's resources, including but not limited to the following:
   i. All buildings and/or other physical structures and vehicles;
   ii. Equipment (medical and non-medical);
   iii. Services provided, such as physical therapy, pharmacy, behavioral health, and specific rehabilitation therapies;
   iv. All personnel, including managers, nursing, and other direct care staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;
   v. Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and

vi. Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.

c. A facility-based and community-based risk assessment, utilizing an all-hazards approach as required in §483.73(a)(1).

(b) In conducting the facility assessment, the facility assessment must ensure:

a. Active involvement of the following participants in the process:
   i. Nursing home leadership and management, including but not limited to a member of the governing body, the medical director, an administrator, and the director of nursing; and
   ii. Direct care staff including, but not limited to RNs, LPN/LVNs, NAs, and representatives of the direct care staff, if applicable.
   iii. The facility must also solicit and consider input received from residents, resident representatives, and family members.

b. The facility must use the facility assessment to:
   i. Inform staffing decisions to ensure that there are enough staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care as required in §483.35(a)(3).
   ii. Consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to its resident population.
   iii. Develop and maintain a plan to maximize recruitment and retention of direct care staff.
   iv. Inform contingency planning for events that do not require activation of the facility's emergency plan, but do have the potential to affect resident care, such as, but not limited to, the availability of direct care nurse staffing or other resources as needed for resident care.

Tips: Before You Begin the Facility Assessment

- ✓ Determine who will be part of your facility assessment team including those required individuals per the regulation (including nursing home leadership and management, direct care staff, and residents/families).
  - It may be helpful to include other department managers, not listed in the regulation, who can provide applicable information for the purposes of the assessment, including, but not limited to, the dietary manager, the rehab manager, treatment/wound care nurses, restorative care nurse aides, admissions coordinator, MDS coordinator, social services director, maintenance supervisor, and/or business officer manager.

- Identify which direct care staff you will have on the team and how you will encourage **active participation** of these employees.
- Identify if there should be involvement by representative(s) of direct care staff and if so, who should be included for active participation in the facility assessment.
- CMS encourages facilities to solicit input or active participation from other direct care staff, especially physicians, nurse practitioners (NP), physician assistants (PA).
- If a facility has a specialized unit, such as memory care, behavioral health, sub-acute, or ventilator/trach dependent, CMS also encourages the inclusion of staff from those units.

✓ Determine how you plan to engage residents, resident representatives, and families.
- Options for engagement could be through resident council meetings, including the resident council president as part of the facility assessment team, and/or meeting with the facility's family council, if established.

✓ Schedule an initial meeting to discuss the purpose of the facility assessment, what information you need for each member of the team to gather and contribute, and when this information is due to the group for review.

✓ Ask members of the team to prepare **evidence-based data** to present to the group, to compile the most accurate information.
- These assignments could include, but are not limited to:
  - Admissions department collecting number of admissions (on both weekdays and weekends) and diagnoses frequently admitted, the average daily census (both long-term care and short-term rehab);
  - MDS coordinator gathering PDPM and case-mix groups (specifically the nursing PDPM categories along with G/GG codes for all residents residing in the facility throughout the last year);
  - Other nurse managers gathering history of special conditions and treatments (including treatments such as IV therapy, infusions, etc.);
  - ADL needs of residents by nursing managers and/or rehabilitation services; and
  - Special nutrition needs, and ethnic and cultural backgrounds from social services, dietary, or activities.
  - Resident/responsible party interviews regarding person centered activities, cultural preferences /mealtime preferences, preferred care times, and additional areas of opportunity for specific to resident quality of life.

✓ Schedule a separate meeting, ahead of the facility assessment, to complete the hazard-risk assessment with appropriate staff members (including, but not limited to, the maintenance director, the administrator, the DON, and other staff members that may be readily aware of hazards within the facility).

- ✓ Schedule a separate meeting, ahead of the facility assessment to complete the infection control risk assessment, with appropriate staff members (including, but not limited to nurse managers, the facility's infection preventionist, medical director and the staff development coordinator).

Tips: Completing Part One of the Facility Assessment (Our Resident Profile)

- ✓ During the facility assessment meeting, work through the assessment by having team members contribute information they have prepared ahead of the meeting.
- ✓ As a team, discuss diagnoses you have cared for, and any diagnoses or special conditions you are likely to care for in the coming year.
- ✓ You can breakdown the diagnoses into a list of categories. An example is shown below. Your list may include but is not limited to the following: Recommend you keep broad diagnostic/condition categories – subcategory as needed – i.e., under respiratory systems, you may wish to have sub section for care of tracheostomies and/or ventilators.
    - Behavioral Health and Substance Use Disorders (SUD)
    - Dementia/Alzheimer's
    - Heart/Circulatory
    - Neurological Systems
    - Vision
    - Hearing
    - Musculoskeletal
    - Neoplasm
    - Metabolic Disorders
    - Respiratory System
    - Genitourinary System
    - Diseases of the Blood
    - Digestive System
    - Integumentary Systems
    - Infectious Diseases
- ✓ Facilities should use the facility assessment to help make the determination about which residents ***they can*** admit, based upon the documented diagnoses and special care areas they have the resources to care for.

- ✓ After discussing, and documenting the diseases you currently care for, the group should discuss how you make decisions regarding care for residents with conditions not listed. This discussion (which must be documented on the facility assessment) should include a description of the process to make admission or continuing care decisions for persons that have diagnoses or conditions that you are less familiar with and have not been previously supported. For example, how do you determine, if you can admit a person with a new diagnosis to your facility, or to continue caring for a person that has developed a new diagnosis, condition, or symptom, if you have the resources, or how you might secure the resources (including training and competencies to staff), to provide care and support for the person?
- ✓ The MDS coordinator should come to the meeting with acuity data from the previous year, and the number of residents that were in each Nursing PDPM category. In facilities that have not yet transitioned to PDPM for long-stay residents, RUG based data would be used to gather data in this section. This helps support the data-driven component of the requirement. Important data to note here includes, but is not limited to:
    - PDPM Cognitive Level (how many residents were in each cognitive level the previous year).
    - Special Needs in the nursing component of PDPM.
    - Nursing Needs (functional ability- how many residents were in each functional ability category the previous year).
        - For PDPM (the elements that you may include in your review include):
            - Eating function score.
            - Toileting hygiene function score
            - Sit to lying function score.
            - Lying to sitting on the side of bed function score
            - Sit to stand function score
            - Chair/bed to chair function score
            - Toilet transfer function score

        - For RUGs:
            - Eating score
            - Transfer score
            - Bed mobility score
            - Toileting score

- ✓ When determining resident acuity, you should consider if it would be helpful to differentiate between long-stay and short-stay residents or other categorizations (e.g., unit, floors, or other specialty areas or units, such as those that provide care and support for persons living with dementia or using ventilators).
- ✓ Nursing managers, treatment/wound care nurses, Social Services and/or the MDS coordinator could prepare by providing the number of residents with special treatments. This may be the number, an average, or a range of residents. Special treatments may include, but are not limited to:
  - Cancer treatments- chemotherapy and radiation.
  - Mental Health- behavioral health needs and active SUD.
  - Respiratory treatments- oxygen therapy, suctioning, tracheostomy care, ventilator/respirator, and BiPap/CPAP.
  - Wound care management, including pressure ulcers and diabetic foot ulcers.
  - Other- IV medications, injections, transfusions, dialysis, ostomy care, hospice care, respite care, isolation for active infectious disease, and Enteral feeding.
- ✓ The activities director, dietary director, and/or the social services director (along with feedback from residents and families) should be able to provide detailed information on the ethnic, cultural, or religious factors within the resident population. On the assessment you should describe ethnic, cultural, or religious factors or personal resident preferences that may potentially affect the care provided to residents by your facility. Examples may include activities, food and nutrition services, languages, holiday recognition, clothing preferences, access to religious services, or religious-based advanced directives or end of life planning.
- ✓ The entire group can discuss (this is an important area to get feedback from both residents and direct care staff on) other pertinent facts or descriptions of the resident population that must be considered when determining staffing and resource needs (e.g., residents' preferences regarding daily schedules, waking, bathing, activities, naps, food, going to bed, etc.).

Tips: Completing Part Two of the Facility Assessment (Services and Care We Offer Based on Our Residents' Needs)

- ✓ The group will discuss the following general care areas in detail to understand and articulate the special care or practices provided.
  - Activities of daily living
  - Mobility and fall prevention/management
  - Bowel and bladder
  - Skin integrity

- Mental health and behavior
- Medications
- Pain management
- Infection prevention and control
- Management of medical conditions
- Therapy services
- Other special care needs, including dialysis, hospice, ostomy care, tracheostomy care, ventilator care, bariatric care, palliative care, and end of life care
- Nutrition
- Provide person-centered/directed care including psychosocial and spiritual support

Tips: Completing Part Three of the Facility Assessment (Facility Resources)

- ✓ The next area addressed in the assessment is related to what type of staff is needed to meet the needs of the residents identified in the previous sections of the assessment.
  - Data should be obtained for this section from the HR person/business office manager, or the person in the facility who completes PBJ reporting.
  - Discussion/documentation could be completed by listing the types of staff members and other health care professionals needed to support and care for residents.
  - Another method of outlining staff needs would be through documentation of the facility's organization chart that includes all positions.
- ✓ The group will need to address the staffing plan, based upon acuity and other resident characteristics established in previous sections of the assessment. There should be documentation that shows how the team concluded how many and what staff are needed. The assessment should include total number needed, or average number needed of each position including, but not limited to:
  - Licensed nurses providing care (RN/LPN/LVN).
  - Nurse aides
  - Other nursing personnel (including administrative nurses)
  - Any staff to meet specific needs of behavioral health residents.
  - Dietician or other clinically qualified nutrition professional
  - Food and nutrition services staff
  - Rehab care staff (PT/OT/ST/PTA/OTA)

- Other (e.g., nurse educator, quality assurance, ancillary staff in maintenance, housekeeping, dietary, laundry)

✓ There should be a documented discussion regarding how the facility determines and reviews individual staff assignments for coordination and continuity of care for residents within and across these staff assignments.

✓ Consider specific staffing needs for each shift, such as day, evening, night, ***and adjust as necessary*** based on any changes to its resident population.

- Staffing needs should be addressed for each shift.
- Must address how the facility will address staffing needs during normal operations and emergencies.
- Note: Facilities should consider both the needs of the residents, along with what they are realistically capable of providing, based upon current staffing capabilities.

✓ In addition, you will need to determine what specific training, education, and competencies are necessary to meet the needs identified for your resident population.

- Competency is defined as a **measurable** pattern of **knowledge, skills, abilities, behaviors**, and other characteristics that an individual needs to perform work roles or occupational functions successfully.
- Show how the competencies you identified link to the characteristics of your resident population, including the number of residents in your center, their acuity and diagnosis and other pertinent factors.
- Include any staff certification requirements, as applicable.
- Potential data sources include hiring, education, training, competency instruction, and testing policies.
- Competencies should be job and team specific and should be tailored to meet the unique needs of residents in your facility. In addition, they should be tied to your facility's mission.

✓ Policies and procedures needed to meet the needs of the facility's population should be addressed. The facility should describe in the assessment how they plan to evaluate policies and procedures in the provision of care, and how the facility ensures the policies meet the professional standards of practice. An explanation should be provided regarding how the facility identifies the need for a new policy if new care areas are provided within the facility.

✓ The physical environment and building/plan needs should be discussed and documented. These categories include buildings and structures, physical environment, services (e.g., waste management, telephone, HVAC, etc.), other physical plan needs, medical supplies, and non-medical supplies.

- The documentation should address, if applicable, a process for ensuring adequate supplies and appropriate maintenance.

- ✓ All contracts, memorandums of understanding (MOU), or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies should be included. The group should consider including a description of the facility's process for overseeing these services and how these services will meet the needs of the residents, as well as regulatory, operational, maintenance, and staff training requirements.
- ✓ The assessment should list all health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations. The assessment should document considerations including a description of how the facility will securely transfer health information to the hospital, home health agencies, or other providers for any resident transferred or discharged from the facility. The facility should document how downtime procedures are developed and implemented, along with how the facility ensures that residents and their representatives can access their records upon request and obtain copies within the required time limits.
- ✓ The assessment should describe how the infection prevention and control program is evaluated to include effective systems for preventing, identifying, reporting, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement, which follow accepted national standards.
    - See the CDC's core elements of Antibiotic Stewardship for Nursing Homes for more information.
- ✓ The results of the facility's hazard-risk assessment, and infection control risk assessment should be reviewed as part of the facility assessment.
- ✓ The facility will need to use the facility assessment to develop and maintain a plan to maximize recruitment and retention of direct care staff. This must be documented.
- ✓ Another addition to the assessment, as outlined in the final rule, is the requirement to document contingency planning. This area will need more guidance from CMS on what this section should include; however, some examples may include but are not limited to:
    - Address how the facility accounts for staff call-outs and the process for covering shifts in case of callouts.
    - Address medical and non-medical supply management and how to ensure supplies are available, and how the facility responds to a situation where a supply is not attainable presently.

Note: As of May 3, 2024, CMS has not released the Interpretive Guidance for the updated Facility Assessment requirements. AHCA will continue to monitor the release of the guidance and update any training and briefings accordingly.